+41223380611

2198

## **POWER OF ATTORNEY** and CORRESPONDENCE ADDRESS **INDICATION FORM**

Under the Paperwork Reduction Act of 1995, no persons are requ		rmation unless it displays a valid OMB control number.		
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/538,229		
	Filing Date	September 12, 2005		
	First Named Inventor	Eva Marie Moser		
	Title	Substrate comprising a poler plasma		
	Art Unit	1784		
	Examinor Name	ERIK KASHNIKOW		
	Attorney Docket Number	J1004-001US		

I hereby revoke a	all previous powers of attorney	given in the at	oove-lde	ntified appli	cation.	
I hereby appoint:					<del></del>	
		., .	217	ne	'	
	ssociated with the Customer Number:		, 217	00		
OR					<del></del>	
Practitioner(s)	named below:	ar artista. Santakar		•		
	Name			Registr	ation Number	
l						
	M1 0 10 4. 1. 10 10 1				~~~	
av mylout pllotneyle)	or agent(a) to prosecute the application	n Identified show	and to to	engert all hug	ness in the I	Inited States Patent and
Trademark Office con	inacted therewith.	il idelilined abbye	i, and to u	andact all posi	1003 111 110 0	THE TENEST BOTH BING
Please recoonize or o	hange the correspondence address for	r the above-identi	fled applic	allon to		
		• •	• • •			
OR	associated with the above-mentioned	Customer Number	er:		7	•
		<b>i</b> .	21708			•
The address	s associated with Customer Number:		2.700			
Firm or	<del></del>				<del></del>	
Individual	Name					·
Address			•			•
611		···	State		<del></del>	7 lm 1
City		<del></del>	21918		;-1	Zip
Telephone		Fex				
I am the:		·· ··	1			
Applicant/Inv	entor.					
	ecord of the entire Interest. See 37 CF	D 3 71				
Statement un	nder 37 CFR 3,73(b) is enclosed. (Form	PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record						
Signature	E.U. LOSOF				Date	06-05-3008
Name	Eva Merle Moser				Telephone	
Tille and Company	<u> </u>					·
NOTE: Signatures of all I	he invaniors or assignees of record of the er below.	ntire interest or their	represente	tive(e) are requir	ed. Submit mu	tuple forms if more than one
Total of 2	forms are submitted.	•				•
	tion is required by 37 CFR 1.31, 1.32 and 1	.33. The informatio	n-le require	d to obtain or ret	ain a banatil b	y the public which is to file (and b

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information-lie required to obtain or retain a bonditt by the public which is to this (and by the USPTO to procease) an application. Confidentiality is governed by 35 U.S.C, 122 and 37 CFR 1.31 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be som to the Chief Information Officer, U.S. Popentin and Trademark Office, U.S. Department of Commence, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patonts, P.O. Box 1460. Alexandria, VA 22313-1460.

If you need essistence in completing the form, cell i -CO-2198 and select option 2.

 $i = i \cdot i$ 

PTO/SE/81 (11-04) Approved for use through 11/30/2005. OMC 0551/0325
U.S. Paleni and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it disaleys a would ONB control number

. . . . .

Under the Paperwork Reduction Act of 1995, no persons are re	quired to respond to a collection of inf	ormation unless it displays a valid ONB control number			
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/538,229 .			
	Filing Date	September 12, 2005			
	First Named Inventor	Eva Marie Moser			
	Title	Substrate comprising a polar plasma			
	Art Unit	1794			
	Examiner Name	ERIX KASHNIKOW			
	Attorney Docket Number	J1004-001US			

I hereby revoke all p	revious powers of alto	omey given in It	e apove-ldi	entified applic	ation.		
	lated with the Customer N	umber.	21	706			
OR .			·-··				
Practitioner(a) nam	ed below:	•	•				
	Name .			Registrat	ion Number		
				-			
			***************************************		<del></del>		
as mylour attorney(s) or a Trademark Office connec	gen(s) to prosecute the ap ted therewith	oplication identified	above, and to	ransact all busin	ess in the U	nited States Patent and	_
Please recognize or chan	ge the correspondence add	dress for the above-	kientified appli	cation to.			
	socialed with the above-me						+
OR OR			TOTAL OF T		7		
□			21708		1		
OR WIGGESS 89:	sociated with Customer Nu	moer:	·		<u> </u>		
Firm or Individual Nar	ne .			•			
Address	•	::					
City			State	<del>,</del>	<del></del>	Zip	-
Country							
Telephone			Fex				
I am the:  Applicant/Invento Assignee of reco Statement under	or. and of the entire Interest. Se 37-GFR 3:73(b) is enclose	e 37 CFR 3.71. d. (Form PTO/S9/9	(6)		· · · · · ·		
	AL SIGNA	TURE of Applican	t or Assignee	of Record	<u></u>		
Signaturo	4	NOU			Date	08.05-08	
	eldi Hopp Z	thonar	Woulh	auto	Telaphona		_
Title and Company	C+D /	(7D)				· · ·	_
NOTE: Signatures of all the in signature is required, see bald	iventors or assigness of record	of the entire interest	or their represent	orupes ese (e)evis	d. Submit mu	liple forms if more than one	
7	_ · - · · · · · · · · · · · · · · · · ·						
Total of 2	forms are submitted.		<u> </u>				

This collection of information is required by 97 CFR 1.31, 1.32, and 1.39. The information is required to obtain or retain a benefit by the public which is to site (and by the USP10 to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is cultimated to take 3 minutes by complete, including gathering, preparing, and submitting the completed application form to time USP10. Time will very depending upon the included conson. Comment on the ement of time you require to complete this same and/or suggestions for adducing this burden, should be sent to the Chief information Officer, U.S. Patent and Tradomerk Office, U.S. Department of Commerce, P.O., Box 1450, Alexandria, VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TD: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

If you need assistance in completing the form, coll 1-800-PTO-9199 and select option 2.